

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of Pages

CLAIMANT'S NAME

Renee Zito

SSN or EMPLOYEE NUMBER*

DEPARTMENT

ADP

POSITION

Director

CB/ID No.

DIVISION or BUREAU

Office of the Director

INDEX NUMBER

1500/33036

RESIDENCE ADDRESS *

HEADQUARTERS ADDRESS

1700 K Street

TELEPHONE NUMBER

445-1943

CITY

STATE

ZIP CODE

CA

CITY

Sacramento

STATE

CA

ZIP CODE

95811

(1) NORMAL WORK HOURS

8:00-5:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.550

(4) MONTH/YEAR

July 2009

(6) LOCATION
WHERE EXPENSES
WERE INCURRED

Sacramento

(7) LODGING

(8) MEALS

BREAK-
FAST

LUNCH

O.T., L/T,
N/C, RELO.
OR
DINNER

(9) INCIDENTALS

(10) TRANSPORTATION

(A) COST OF
TRANS.(B) TYPE
USED(C) CARFARE,
TOLLS,
PARKING

(D) PRIVATE CAR USE

MILES

AMOUNT

(11) BUSINESS
EXPENSE(12) TOTAL
EXPENSES
FOR DAY

(5) DATE TIME

7

0800

0930

PC

4.50

0.00

4.50

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

(13)

SUBTOTALS

0.00

0.00

0.00

0.00

0.00

0.00

0.00

4.50

0.00

0.00

0.00

4.50

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$4.50

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7-7-09 - Renee met with Assemblyman Jim Beall, Jr. Fee was for parking.

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT

DATE

7/8/09

DATE

7/8/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of Pages

CLAIMANT'S NAME

Renee Zito

POSITION

Director

CB/ID No.

DIVISION or BUREAU

Office of the Director

INDEX NUMBER

1500/33036

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

1700 K Street

445-1943

CITY

STATE

CA

ZIP CODE

CITY

Sacramento

STATE

CA

ZIP CODE

95811

(1) NORMAL WORK HOURS

8:00 - 5:00

(2) PRIVATE VEHICLE REGISTRATION NUMBER

(3) MILEAGE RATE CLAIMED

0.550

(4) MONTH/YEAR

July 2009

(5)

LOCATION
WHERE EXPENSES
WERE INCURRED

(7)

(8)

MEALS

(9)

(10)

TRANSPORTATION

(11)

(12)

(5)

DATE TIME

LODGING

BREAK-FAST

LUNCH

O.T., L.T.
N/C, RELO.
OR
DINNER

INCIDENTALS

(A)
COST OF
TRANS.(B)
TYPE
USED(C)
CARFARE,
TOLLS,
PARKING(D)
PRIVATE CAR USE

MILES

AMOUNT

BUSINESS
EXPENSETOTAL
EXPENSES
FOR DAY

9

Sacramento

0.00

30.00

30.00

10

1200
1430

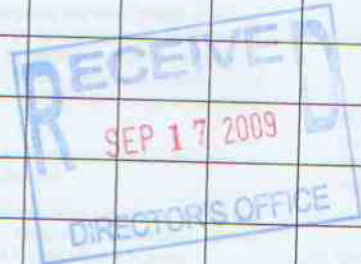
Sacramento

PC

45.00

24.75

24.75



0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

(13)

SUBTOTALS

0.00

0.00

0.00

0.00

0.00

0.00

0.00

45.00

24.75

30.00

54.75

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$54.75

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

July 9, 2009 - Renee purchased a DVD - "A Teenager Experience with Depression and Suicide That Will Change Your Life." - Cost: \$30.00

July 10, 2009 - Renee luncheon speaker at Native American Conference, Holiday Inn, 5321 Date Avenue, Sacramento.

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California Department of Personnel Administration.

DATE

7-21-09

(16)

DATE

7-26-09

(17) SPECIAL EXPENSE

DATE

7-26-09

SSN or EMPLOYEE NUMBER:

DEPARTMENT

DIVISION or BUREAU

ADP

CB/ID No.

Office of the Director

INDEX NUMBER

1500/33036

RESIDENCE ADDRESS *

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE _____

CA

Sacramento

CA 95811

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

8:00 - 5:00

0.550

(13)	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		7.00	0.00	0.00	0.00	7.00
------	------------------	------	------	------	------	------	------	--	------	------	------	------	------

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$7.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

July 28, 2009 - Renee attended a training on Preventing and Detecting Fraud at EDD Auditorium, 722 Capitol Mall, which she is claiming \$7.00 parking fee.

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT

DATE _____

8-5-09

100

DATE _____

DATE 8/6/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____